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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Thao X. Le
Art Unit: 2814

DATE: September 22, 2003

FROM: Anthony J. Orler

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

Patent Application No.: 09/910,447; Our Ref. 81754.0064

I hereby certify that the following documents:

Amendment
 Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 22, 2003
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2814

CLIENT NUMBER: 81754.0064

ATTORNEY BILLING NUMBER: 5097

CONFIRMATION NUMBER: 703-306-0208 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81754.0064
Patent Application No. 09/910,447

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshihiko HIGUCHI

Serial No: 09/910,447

Filed: July 19, 2001

For: SEMICONDUCTOR DEVICE HAVING A
CONTROLLED GATE SHAPE AND METHOD FOR
MANUFACTURING THE SAME (Amended)

Art Unit: 2814

Examiner: Thao X. Le

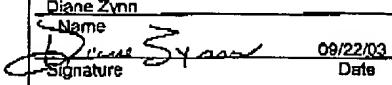
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Commissioner for Patents
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Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A certified copy of _____ Patent Application No. _____ filed _____ from which priority is claimed under 35 U.S.C. § 119 is enclosed.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	43	-	32	**	11	LG=\$18 SM=\$9	\$ 18
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims 1, 21, 32						TOTAL	\$ 188

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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Please charge the fee of \$188 for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

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Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:


 Anthony J. Orler
 Registration No. 41,232
 Attorney for Applicant(s)

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